

Estate Planning Client Interview & Asset Checklist

Client Information

	Husband	Wife
Name		
Residence Address		
County		
City, State, Zip Code		
Residence Telephone		
Occupation		
Employer/Business Name		
Business Address		
City, State, Zip Code		
Business Telephone		
Birth Date		
Place of Birth		
U.S. Citizen?		
Marriage: Date _____ County _____ State _____		
Husband previously married? ___ Yes ___ No If so, how many times? ___ Wife previously married? ___ Yes ___ No If so, how many times? ___ Please supply copy of any divorce decrees.		
If not married, indicate whether: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married		

Family Members

List children, including adopted and deceased children, in order of birth:

	Child's Name	Address	Social Security Number	Birth Date	Born of a Prior Marriage?	Name of Child's Spouse	Living?
1							
2							
3							

If any of your children predeceased you, did they have children? ☐ yes ☐ no

If yes, please state names and dates of birth

Name

Date of Birth

_____	_____
_____	_____
_____	_____

Do you or does anyone in your family have any special considerations or problems, such as health, marital, financial dependency, etc.? If so, please detail.

Provide information as to any grandchildren and other relatives or friends to be considered in estate plans. Also, are there any relatives or individuals whom you would like to specifically *exclude* from any gifts? If so, whom? (Please provide all details.):

Relevant Documents

1. Do either of you presently have a Will? ____ Yes ____ No
2. A trust? ____ Yes ____ No
3. Have either of you executed a power of attorney? ____ Yes ____ No
4. Where are the originals of these documents located?

Please provide copies.

General Asset Information

5. Name and address of accountant: _____

6. Name and address of bank: _____

7. Name and address of physician(s): _____

8. Is either spouse a veteran? If so, what is spouse's service number and does spouse have any service disability? _____

9. Do you have a safe deposit box? ____ Yes ____ No
If so, at which bank(s)? _____
Name(s) on lease? _____
Deputies, if any? _____

Gifts of Property

10. Have you made gifts to anyone of property, including cash, by direct gift, by creating a joint tenancy, or by creating a trust? ____ Yes ____ No

Your Estate Plans

The most important part of our work is ensuring that your plans and desires are carried out. Your thoughts and plans, both generally and specifically, are of utmost importance.

In general terms, who should receive your property and on what terms (outright, in trust, other)?

If you have minor children, who would you prefer to act as guardian if both parents are deceased?

Who should serve as Personal Representative and backup(s) of your estate?

Most people have certain items of their property they want to leave to certain individuals. Items of personal property (jewelry, china, guns, etc.) can be handled by a list separate from the will or trust. What items, if any, do you want to give to specific persons under your will or trust?

If any of these items are subject to a debt, is the debt to be paid by the recipient or your estate?

Do you have any money amounts you want given to others (individuals or charities)?

Burial instructions (cremation, specific funeral arrangements):

Other thoughts:

[NOTE: This questionnaire is not exhaustive. It likely includes assets and property that the client does not own, and omits assets and property interests that the client does own. Never assume the questionnaire is complete or that the client has filled it out correctly. Ask follow-up questions of the client.]

Property

All property owned by you and your spouse, or in which either or both of you have an interest, must be considered. The following pages provide for information on various types of property. Please provide as much information as possible, particularly the values. List the value under the appropriate column based on ownership. For example, if the residence has a value of \$50,000 and is jointly titled, put the \$50,000 value in the “Joint” column, nothing in the “Husband” or “Wife” column; or, if each of you own stock in your name, put the values in each applicable column. If there is not enough space, add pages or use the back of pages.

I. Real Estate

List all kinds—vacant land, houses, commercial, property for which you have executed or received a beneficiary deed, etc.

Value

	Husband	Wife	Joint
1. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
2. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
3. Address:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
4. Beneficiary Deeds:	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)

II. Motor Vehicles

Include all automobiles, boats, trailers, aircraft, recreational vehicles, campers, motorcycles, etc.

Value

	Husband	Wife	Joint
1. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)
2. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)
3. Year, make, and model:	\$	\$	\$
Loan(s):	(\$)	(\$)	(\$)

III. Bank Accounts

Include all types of “cash” accounts, such as checking and savings accounts, certificates of deposit, credit unions, payable on death (POD) accounts, etc.

Value

	Husband	Wife	Joint
1. Checking Accounts:	\$ \$	\$ \$	\$ \$
2. Savings, CDs, Credit Unions:	\$ \$	\$ \$	\$ \$
3. Payable on Death (POD) Accounts, Joint Bank Accounts:	\$ \$	\$ \$	\$ \$
4. Others:	\$ \$	\$ \$	\$ \$

IV. Securities

Include all stock (both public and closely held), bonds, promissory notes, mortgages, money market funds, transfer on death (TOD) accounts, and other similar property in which you have any interest.

Value

	Husband	Wife	Joint
1. Securities on Listed Exchanges:	\$	\$	\$
2. Bonds:	\$	\$	\$
3. Mutual Funds, Transfer on Death (TOD) Accounts:	\$ \$ \$	\$ \$ \$	\$ \$ \$
4. Others:	\$ \$ \$	\$ \$ \$	\$ \$ \$

V. Retirement, Pension, Life Insurance, 401(k), Individual Retirement Accounts (IRAs)

For value, give the amount actually in the plan.

Value

Name of Company and of Plan	Husband	Wife	Beneficiary
1.	\$	\$	
2.	\$	\$	
3. IRA Accounts:	\$ \$	\$ \$	

VI. Household and Personal Goods and Other Assets

Include all furniture, household goods, personal effects, and similar items as one amount. List any antique, gun collection, coin or stamp collection, etc. separately if of *significant* sentimental or financial value. List any other asset that has a *significant financial value*.

Value

	Husband	Wife	Joint
1. Household Goods, Furniture, Personal Effects, etc.	\$	\$	\$
2.			
3.			

VII. Other Significant Property or Debts

Include all other *significant* property or debts, not otherwise listed above.

Value

	Husband	Wife	Joint
1.	\$	\$	\$
2.			